

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 1  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Conservative Action Fund</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00496505	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>POLITICAL LIST BROKERS, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>07 / 03 / 2015</b>	
Mailing Address <b>107 S. WEST ST, PMB 826</b>		Amount <b>5000.00</b>	
City <b>ALEXANDRIA</b>	State <b>VA</b>	Zip Code <b>22314</b>	Transaction ID : <b>SE24.1012</b>
Purpose of Expenditure <b>LIST RENTAL FEES</b>	Category/Type <b>004</b>	Date of Disbursement or Obligation MM / DD / YYYY <b>08 / 01 / 2015</b>	
Name of Federal Candidate <b>MIKE FLYNN</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <b>18</b> State: <b>IL</b> <input type="checkbox"/> President	
Calendar Year-To-Date Per Election for Office Sought <b>5000.00</b>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2015 <input type="checkbox"/> Other (specify) ▶	

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Mailing Address		Amount	
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Purpose of Expenditure	Category/Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate District: State: <input type="checkbox"/> President <input type="checkbox"/> Senate	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>5000.00</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	<b>5000.00</b>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Dan Backer Esq.*

[Electronically Filed]

Date

MM / DD / YYYY  
**07 / 03 / 2015**

Signature